

4. Delivery Method (Choose **only one** of the following.)

- A. **First-class mail.** Check will be mailed via USPS.
- B. **Expedited delivery.** (Not available for non-street addresses such as P.O. Boxes. A transaction charge will be applied to your Account.)
- C. **By Automated Clearing House (ACH) to bank account.** (Already on file.)
Only available for withdrawal requests to Account Owner or Qualified Withdrawal to the Beneficiary. Nonqualified Withdrawal to the Beneficiary must be sent via check. The tax responsible party of this withdrawal must be an owner of the bank account listed.

Please confirm bank information on file:

Bank Name

Last four digits of Bank Account Number

5. Amount of Withdrawal (Choose **only one** of the following.)

- A. **Full Balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contribution (if applicable), and close this Account.
- B. **Partial Pro Rata Amount.** Distribute this amount proportionately (pro rata) from among my current Investment Options.

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Dollar Amount

If the amount you indicate exceeds the Account balance as of the previous business day, we will distribute the entire balance, discontinue your Recurring Contribution, and close your Account.

- C. **Partial Fund Specific.** Distribute from my current Investment Options as outlined below.

If the amount you indicate for a particular Investment Option exceeds its balance as of the previous business day, we will distribute the entire balance of that Investment Option.

Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>

Important: If you contribute to your Account through payroll direct deposit, you must notify your employer to cancel these contributions.

6. Signature and Certification—YOU MUST SIGN BELOW

By signing this form, I authorize this withdrawal and understand and hereby certify that:

- The information in this form is accurate. As described in the Plan Disclosure Document, I agree to hold harmless the Trustee, the University, the Board, the Trust, and the Plan as well as T. Rowe Price Associates, Inc., and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- If this withdrawal is for Qualified Expenses, I further certify that the requested withdrawal represents Qualified Expenses as defined in the Plan Disclosure Document. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, withdrawal for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations outlined in the Plan Disclosure Document.
- If this withdrawal is being sent by ACH to a bank account, I certify that the recipient of the withdrawal, as indicated in Section 3, is also an owner of the bank account.
- If I am participating in Recurring Contributions, my participation will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand my payroll contributions will continue into this Account, regardless of the withdrawal amount, unless I notify my employer to stop my payroll direct deposit.
- For Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the Custodian of this Account and that this withdrawal is authorized under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For entity Accounts, I certify I am authorized by the entity Account Owner identified in **Section 1** to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.
- If I am requesting expedited delivery, I understand that an additional fee will be charged as described in the Plan Disclosure Document.
- I understand that state tax treatment may vary even if the withdrawal is considered qualified on the federal level and not taxed or penalized by the IRS.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS and/or any state taxing authority to substantiate this withdrawal for tax purposes.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am requesting a full withdrawal of my entire Account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

If this form requires a Medallion signature guarantee, do not sign below, proceed to Medallion signature guarantee section.

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDALLION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a withdrawal request is \$100,000 or more, a Medallion signature guarantee must be provided.
- If this withdrawal request is being sent to a bank that has been recently added to your Account, a hold will be placed on the issuance of this withdrawal until 15 calendar days have passed. In order to waive this hold, a Medallion signature guarantee must be provided below.
- If the address on your Account has recently changed, a hold will be placed on the issuance of this withdrawal until 10 business days have passed. In order to waive this hold, a Medallion signature guarantee must be provided below.
- You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion signature guarantee will be provided.
- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the T. Rowe Price College Savings Plan Disclosure Document.

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here